

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2	1		1		1	
3	1		1		1	
4	1		1		1	
5	4		4		4	
6	1		1		1	
7	4		4		1	
8	4		4		1	
9	4		4		1	
10	4		4		1	
11	4		4		4	
12	4		4		4	
13	4		4		1	
14	4		4		1	
15	1		1		1	
16	1		1		1	
17			1		1	
18			0		1	
19					4	1
20					4	1
21					4	1
22					4	1
23					4	
24					4	
25					4	1
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48						
49						
50						
TOTAL IND.	5		6		6	
TOTAL DEP.	38	↔	38	↔	36	↔
TOTAL CLAIMS	43		44		42	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						